



Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE (OR	OTHER THAN OR SMALL ENTITY	
FOR		NUN	MBER FILED	NUMBER	EXTRA .	RATE	FEE	1	RATE	FEE
BA	SIC FEE						345.00	OR		690.00
TC	TAL CLAIMS	2	55 minus 2	20= * [<		X\$ 9=		or	X\$18=	270
IND	EPENDENT CL	AIMS	minus 3 = *			X39=		OR	X78=	261
MU	ILTIPLE DEPEN	IDENT CLAIN	PRESENT		+130=		1	+260=	<i></i>	
* If	the difference	in column 1	is less than ze	column 2	TOTAL	•	OR	TOTAL	1500	
CLAIMS AS AMEN (Column 1)				DED - PART II (Column 2) (Column 3)		*		OR OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=	. ,	OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NTATION OF	MULTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL		OR OR	TOTAL	
	. *	(Column	(1)	(Column 2)	(Column 3)	ADDIT. FEE		On	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN	g ,	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NIATION OF	MULTIPLE DEF	ENDENT CLAIM		+130=		OR	+260=	
*								OR	TOTAL ADDIT. FEE	
		(Column	1)	(Column 2)	(Column 3)			,	•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	. PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	+ 200	Minus	***	=	X39=			X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				.]			OR		
	If the entry in colum	nn 1 is less the	en the entry in colu	mn 2, write "0" in co	duma 3	+130=		OR	+260=	
**	If the "Highest Nur If the "Highest Nu	mber Previous mber Previous	y Paid For" IN THIS ly Paid For" IN THI	on 2, write "0" in co S SPACE is less that S SPACE is less that Independent) is the	an 20, enter "20." an 3, enter "3."	TOTAL ADDIT. FEE	propriate box		TOTAL ADDIT. FEE	

FORM **PTO-875** (Rev. 12/99)

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It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER.	

Total For Calmiania

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DRN OGERAN (A) (7:27)	1	Figs	irê 7	=		